

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lettie's  <i>Lettie's Arch</i>	CHAPTER 100.1
Address: 739-D North Judd Street, Honolulu, Hawaii 96817	Inspection Date: July 3, 2019 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – February 4, 2019 medication order for Lorazepam = 0.5 mg po bid. An updated medication order for Lorazepam 0.5 mg po qhs was signed on May 6, 2019; however, according to the medication administration record, this updated medication order was already being given on April 1, 2019, before the medication update. There was no signed updated medication order from the physician prior to May 6, 2019 available.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No annual tuberculosis clearance. Chest x-ray not dated, and TB attestation form not completed.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Brought Resident No.1 to Lanakila Comprehensive Health screening to get her PPD done</i>  <i>Negative</i></p>	<p><i>07/18/19</i></p>

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Licensee's/Administrator's Signature: Leticia D. Tesoro

Print Name: Leticia D. Tesoro

Date: 08/14/19

STATE  
STILL UNDER  
REVIEW

19 AUG 19 PM

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